

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH: Jackson  
(a) County: Kansas City  
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Wheatley Provident Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: Less than 1 day  
In this community: 50 years 0 (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Edward Carrington  
3. (b) If veteran, name war: None  
3. (c) Social Security No.: None  
4. Sex: Male 2  
5. Color: Col  
6. (a) Single, Married, divorced: Married  
6. (b) Name of husband or wife: Lillian Carrington  
6. (c) Age of husband or wife if alive: 46 years  
7. Birth date of deceased: May 4, 1871 (Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 12 If less than one day hr. min.

9. Birthplace: Millersburg Ky (City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business: Ben Carrington

12. Name: Ben Carrington  
13. Birthplace: Ky. (City, town, or county) (State or foreign country)

14. Maiden name: Lucy Taylor  
15. Birthplace: Ky. (City, town, or county) (State or foreign country)

16. (a) Informant: 2320 Tracy  
(b) Address: burial

17. (a) (Burial, cremation, or removal): burial (b) Date thereof: 12/19/41 (Month) (Day) (Year)

(c) Place: burial or cremation: Highland Cemetery

18. (a) Signature of funeral director: [Signature]  
(b) Address: 1729 Lydia

19. (a) 12-19-41 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State: Missouri (b) County: Jackson 048  
(c) City or town: Kansas City (If outside city or town limits, write "RURAL")  
(d) Street No.: Kansas City, Missouri 7320 Tracy  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country: 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 16 day 9 hour 45 A.M. year 1941

21. I hereby certify that I attended the deceased from Dec 10 1941 to Dec 16 1941 that I last saw him alive on Dec 16 1941 and that death occurred on the date and hour stated above. Duration Immediate cause of death: Cerebral Haemorrhage

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: 432  
Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? [Signature] Means of injury: 0

23. Signature: [Signature] (M. D. or other) Address: 1612 E 12 Date signed: 12/18/41

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Jerome Manlove*

Licensed Embalmer No.

*3994*

P. O. Address

*2503 Highland*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**